

**Southern California District Council
Assemblies of God**

**17951 Cowan Irvine, CA. 92614
949-252-8400**

Instructions: Please answer all questions completely. If sufficient room is not found on the space provided, please use a separate sheet of paper.

Personal Information

A. Applicant

Full Name: _____

Address: _____

City, State, & Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address (please print): _____

Birth Date: _____ Age: _____ Birthplace: _____

Marital Status: _____

B. Applicant's Spouse & Children Information (As applicable)

Full Name of Spouse: _____

Spouse's Birth Date: _____ Date Married: _____

Children (Names/Ages):

C. Ministerial Credentials

Do you hold an A/G Credential? ___ Yes ___ No. If "yes," please indicate the level of credentials you hold

Ordained ___ Licensed ___ Certified Minister ___

Which District are you currently a member? _____

Have you ever held credentials with any other church organization? Yes ___ No ___

If yes please list the church organization and type of credential held. _____

Are you aware that SoCal AG will not approve a new Church Plant unless the Lear Pastor has Assemblies of God
credentials? Yes ___ No ___

Education

Institution	Address	Graduate?	Degree Received
High School			
College			
Trade, Business, or Correspondence School			

Financial Information

A. How do you plan to generate personal and ministry income?

B. What would be your approximate personal indebtedness? _____

Explain (i.e. home, car, etc.):

C. Do you have financial assistance committed to your Church Plant? If so, explain:

Ministerial Questions *(A separate answer page may be included if necessary.)*

A. What city/area/people group are you interested in?:

B. What is attracting you to this particular area/group?

D. Describe the economic situation of the typical member of your target group

E. Do you have pervious church planting experience? ____ If so, explain:

F. Have there been any extraordinary circumstances surrounding your leaving any church? Is so, explain.

G. Have you had trouble with any congregation or church board? If so, briefly state the difficulty and its resolution.

H. How would you describe the impact of your ministry in terms of people saved, disciplined, filled with the Spirit, and healed?

I. How does your spouse relate to the ministry

J. Name and give a brief statement regarding the last two people you led to Christ outside of a church setting/event/service.

K. What ministry/event/activity(ies) have you previously started?

L. If you were to be approved to plant a church in Southern California would you be able to recruit a team to move and help you?

References

Give as references the name and addresses of **three** ministers (preferably Assemblies of God) with one being the applicant's pastor and one being the Presbyterian of the section in which you reside, and three friends, one of whom is **NOT** a believer. Each of your references must fill out and mail their Reference Form to the SOCAL AG Church Planting Department. (*Note: A copy of the Reference Form is enclosed*)

A. Ministers

Pastor's Name _____ Church _____

Address _____
Street City State Zip

Phone _____ Evening Phone _____

Pastor's Name _____ Church _____

Address _____
Street City State Zip

Phone _____ Evening Phone _____

Pastor's Name _____ Church _____

Address _____
Street City State Zip

Phone _____ Evening Phone _____

B. Friends

Friend's Name _____ Church _____

Address _____
Street City State Zip

Phone _____ Evening Phone _____

Friend's Name _____ Church _____

Address _____
Street City State Zip

Phone _____ Evening Phone _____

Friend's Name _____ Church _____

Address _____
Street City State Zip

Phone _____ Evening Phone _____

Background Essay

Please include a short essay describing your personal background. Discuss where and how you grew up, relationships between you and your immediate family members, the role God and church played in your family and any other information vital to your upbringing.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

*Disclaimer: Signing this application gives the Southern California District Council permission to release any of the above information to necessary parties, and gives the SoCal AG permission to contact the applicant's references.

APPROVALS

SoCal AG Church Planting Director _____ Date _____

District Leadership Team _____ Date _____

Comments:

For District Use Only

Application Rec 'd date _____

Sent to G.C. _____

Leadership Team approval _____

G.C. Acct. # _____

Official Notice: Pastor _____

Insurance

Presbyter _____

Info Letter _____

Ex Presbyter _____

Premium \$ _____

Incorporation Rec 'd _____

1st Premium rec 'd _____

Filed _____

Given to Church Records Office _____

CHURCH INFORMATION

1. Name of Church _____

2. Location Address of Church _____
(Street)

(City, State, Zip Code)

3. Mailing Address of Church _____
(Street or P.O. Box #)

(City, State, Zip Code)

4. Email Address of Church _____

5. Section _____ 6. County _____ 7. Phone _____ - _____ - _____

8. Environs: check ONE box indicating the community in which the church is located.

- | | |
|---|---|
| <input type="checkbox"/> CN – open country side | If population is 50,000+ is it: |
| <input type="checkbox"/> VG – village (less than 1,000) | <input type="checkbox"/> DT – downtown (in the central business district) |
| <input type="checkbox"/> TW – town (1,000-4,999) | <input type="checkbox"/> NB – neighborhood (within city limits but not downtown) |
| <input type="checkbox"/> SC – small city (5,000-9,999) | <input type="checkbox"/> SU – suburban (in the same county as a central city of 50,000+ but not in the city limits) |
| <input type="checkbox"/> MC – medium city (10,000-49,000) | |

9. Ethnicity: the majority (51% or more) of the congregation is (Anglo, Hispanic, Chinese, etc.):

10. Pastor _____ 11. A/G Account # _____

12. Pastor's type of credential: Ordained Licensed Certified Non-Council

13. Address of Pastor _____

14. Email Address of Pastor _____

15. Name of Church Board Secretary or Corporate Secretary _____

16. Total Church Membership _____ 17. Adherents _____ 18. Sunday a.m. or major Worship Service Attendance _____

19. This church was opened by our district on _____

20. This church was reopened by our district on _____

21. By whose initiative was this church started? _____

22. If this is an existing church, what was its status prior to this action: Independent Other (please specify denomination): _____

23. If parented by a church, give name and address of Parent Church. A Parent Church is one that initiates, oversees, and takes financial responsibility for the new church plant.

24. If partnered by churches, list names and addresses of Partnering Churches on a separate sheet. A Partner Church partners with other churches to start a new church plant.

25. Satellite Church Sponsoring Church Name: _____

26. Sponsoring Church Address: _____

27. Account # _____

28. Comments: